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TO METERS			Application Number	09/525,206
TRANSMITTAL			Filing Date	3/14/2000
FORM			First Named Inventor	Marcus Peinado
			Group Art Unit	3621
(to be used for all correspondence after initial filing)			Examiner Name	FIRMIN BACKER
Total Number of Pages in This Submission		n	Attorney Docket Number	MS1-394US
ENCLOSURES (check all that apply)				
Fee Transmittal Form Fee Attached Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53		Petition Petition Provisi Power Chang Addres Termin Reque	ing-related Papers n n to Convert to a ional Application of Attorney, Revocation e of Correspondence	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return postcard
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT				
Firm or Individual Name	Keith W. Saunders, Reg. No. 41462			
Signature Kell W. Saun Ders				
Date 1/18/2005				
CERTIFICATE OF TRANSMISSION/MAILING				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.				
Typed or printed name CARLY TAYLOR				
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work Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. es pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/525,206 Application Number TRANSMI Filing Date 3/14/2000 For FY 2005 Marcus Peinado First Named Inventor FIRMIN BACKER **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3621 TOTAL AMOUNT OF PAYMENT (\$) 120.00 MS1 -394US Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card None Other (please identify): Money Order Lee & Hayes, PLLC 12-0769 Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 130 100 100 50 65 Plant 200 100 300 150 160 ደበ 300 Reissue 150 500 600 250 300 200 Provisional 100 ٥ 0 0 n 2. EXCESS CLAIM FEES Small Entity Fee (\$) **Fee Description** Fee (\$) 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims Extra Claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Fee (\$) 50 Fee Paid (\$) - 20 or HP = Fee (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = 200 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Total Sheets Extra Sheets** Number of each additional 50 or fraction thereof Fee Paid (\$) (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: 1 month Extension Fee 120.00 SUBMITTED BY Registration No. Telephone Signature 41462 (509) 324-9256 Name (Print/Type) Keith W. Saunders

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